DOCUMENT RESUME

ED 238 871 SP 023 643

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TITLE Self Care Resource Corner: Its Impact on Appropriate Health Service Utilization.
PUB DATE [80]
NOTE 11p.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *College Students; Health Education; Higher Education; *Medical Care Evaluation; *Patient Education; *Primary Health Care; School Health Services; Self Evaluation (Individuals); *Self Help Programs

ABSTRACT

In an effort to intervene before students enter the medical care system at the University of Michigan, a Self Care Resource Corner and accompanying materials were developed and implemented. The objective was to encourage students to view themselves as the primary decision makers for health-related conditions before seeking care from clinicians. Focusing primarily on the common cold, a decision tree was developed combining relevant information describing usual cold symptoms and treatments. Over-the-counter medications were described and order forms made available for selecting appropriate medications. These forms, with choice of medication checked, were presented to the pharmacy by the student, and later collected and used in evaluating the process. Based on the evaluation data (gathered from students' written evaluations of the Corner and program materials, the self-prescription forms, and aggregate utilization data collected monthly before and after the intervention), the program is being expanded to include other self-limited conditions. In addition, self care areas may be implemented in residence halls where materials would be available to students before they initiate a visit to the Health Service. (JD)

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SELF CARE RESOURCE CORNER:
ITS IMPACT ON APPROPRIATE HEALTH SERVICE UTILIZATION

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SELF CARE RESOURCE CORNER

ITS IMPACT ON APPROPRIATE HEALTH SERVICE UTILIZATION

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Abstract

Many students visit the Health Service for self-limited conditions which could have been treated at home. Inappropriate utilization of health care services adds to the existing problem of escalating health care costs and impedes the effective and efficient provision of medical care. In an effort to intervene before students enter the medical care system, a Self Care Resource Corner and accompanying materials were developed and implemented in the Health Service lobby.

Upper Respiratory Infections comprised the largest number of inappropriate visits (6% of total Health Service visits; 52% of the total inappropriate visits), hence, this condition was chosen as the first subject of the Self Care Corner. Educational materials, which were used in conjunction with posters and a telephone line to the Nursing Center, included the following: a decision tree; pamphlets on basic treatment tips, using a home thermometer, and over the counter medications; and a self prescription form to be used at the Health Service Pharmacy.

The Self Care Corner was evaluated in three ways: students' written evaluations of the corner and materials; self prescription forms collected at the pharmacy; and aggregate utilization data collected monthly before and after the intervention. While there was no significant difference in aggregate utilization data, students' written evaluations showed that 94% used the

pamphlets, 59% used the decision tree and 18% used the posters in deciding whether they needed to see a clinician. As a result of using the materials, 35% decided to treat the condition themselves, 35% decided to see a clinician, and 24% wrote their own prescription for over the counter medication. Of the students who elected to use the self prescription forms, 60% were self-referred to the pharmacy while 40% were referred by the Nursing Center.

Based on evaluation data, the program is being modified and expanded to include other self-limited conditions.

Introduction

Within the University of Michigan health care system many students visit the Health Service for self-limited conditions that they could have treated at home. Inappropriate utilization adds to the existing problem of escalating health care costs and impedes the effective and efficient provision of medical care. In an effort to intervene before students enter the medical care system, a Self Care Resource Corner and accompanying materials were developed and implemented in the Health Service lobby.

Inappropriate utilization of services was defined as: (a) seeking medical treatment for conditions that do not require medical attention (e.g. minor muscle soreness), (b) seeking medical treatment for conditions the patient could have treated him- or herself (e.g. common cold), (c) requesting treatment that is unsuitable to the condition (e.g. antibiotics for a viral infection). Inappropriate utilization was defined as a problem in that, under a pre-paid system, unnecessary visits lead to increased operating costs and inefficient use of services and professional staff time. Students visit the Health Service in inclement weather when they would be better off staying home. In addition, they may be exposing others to contagious diseases unnecessarily. Seeking unwarranted medical care places the responsibility for health on the

provider, diminishing student independence and control in health matters, rather than encouraging the individual to take the major decision-making role.

The Self Care Resource Corner attempted to: (1) encourage students to view themselves as the primary decision-maker for health-related conditions, using an analytical decision-making process before seeking care, (2) decrease inappropriate utilization of the medical clinic as a result of these new behaviors, (3) create a supportive milieu or context in the Health Service that will promote self care as the preferred method of care for certain conditions.

Program Development

Beginning in September, 1981, baseline utilization data were obtained on a monthly basis from computerized medical records information. Five conditions from patient encounter forms were targeted as inappropriate: (1) upper respiratory infections, (2) rhinitis, (3) tension headaches, (4) situational disorders, and (5) functional disorders. As a group, these five conditions accounted for 12-14% of all clinic visits. Of these, 76-79% were repeat visits. Upper respiratory infections were most common in this group, accounting for 6.8-8.1% of all visits and 52-64% of the inappropriate visits. Therefore, this condition was chosen as the first subject of the Self Care Resource Corner.

Clinician attitudes, considered an important factor in developing a milieu for self care and developing a successful health education program, were assessed through a structured questionnaire. The results indicated that the staff supported the philosophy of self care (100%), and 61% said that they always or often instructed patients in self care for self-limited conditions. Sixty-nine percent of the clinicians felt that more than 25% of their patients visited them for conditions they could have treated themselves and 69% said that they were interested in participating in program development through

materials review. The most often mentioned barriers to self care instruction was "insufficient time". When asked what kinds of self care information sources they preferred for their patients, clinicians indicated the following: (92%) pamphlets, (62%) decision trees, and (46%) posters.

Student perceptions regarding self care were assessed qualitatively through discussion with the Student Health Advisory Committee (SHAC). One of the major themes from this discussion was students' belief that they lack the time to be sick and therefore seek care at the first onset of symptoms to reduce the length of morbidity.

A review of the relevant literature provided many important insights into appropriate materials. The average American is ill-informed regarding the recognition and management of common illnesses. This is the result of conflicting information in the media, commercial advertising, and traditional teaching methods that do not focus on symptom recognition or decision-making skills.[1] Issues pertinent to college students include the criticisms that students often have regarding university health facilities. These are often based on misconceptions about treatment efficacy and inexperience in interacting with providers.[2] This may translate into inappropriate utilization of services but also provides an opportunity for students to develop appropriate health management skills.

Adult learning strategies suggest that adults prefer a logical, sequential format with clear objectives. It has been found that students respond best to Self Care learning when a combination of written facts and oral information is given. A study of college student health service utilization at the University of Massachusetts found that the use of a self care cold center, which relied on algorithms with triage back-up, decreased the amount of time students spent in the health service and affected knowledge of appropriate criteria for

seeking professional care.[3] Based on this information, materials were developed that were appropriate to the needs of this population.

Program Description

The Self Care Resource Corner is centrally located in the main lobby area of the Health Service where appointments are scheduled and patients needing urgent care are received. There are four posters on the wall that relay several messages in addition to attracting student attention. Students are advised that for Upper Respiratory Infections they can decrease their waiting time by using the Self Care Corner, that anything the Health Service can do for their cold they can do for themselves, and that antibiotics won't help cure a viral infection. Students are also instructed in the use of the Corner itself.

Students use the decision tree to help them decide whether or not they have a cold and whether they need to be seen by a clinician. The decision tree, combining relevant information from various sources, including clinicians, describes usual cold symptoms and treatments of sore throat, fever, cough, sneezing/runny nose, headache, body aches, and itchy eyes. If the student has unusual symptoms or earaches he or she is instructed to go to the Urgent Care Reception Desk.

The Self Care materials are designed so that the individual can make a decision without contact with health service clinicians. However, students who do not need urgent care but still have questions may use the phone in the Self Care Resource Corner to call the Nursing Center on a direct line or may go to the Nursing Center in person. The Nursing staff has received in-service training regarding the decision tree and proper protocol for its use.

Additional pamphlets include "The Common Cold Facts", which explains the difference between bacterial and viral infections, how to treat symptoms with

home remedies and over the counter medications. "Self Prescription Drugs for the Common Cold" describes over the counter medications such as decongestants, antihistamines, analgesics, expectorants, and suppressants. A "Common Cold Self Prescription Blank" accompanies this pamphlet. The student checks off the over the counter medications he or she has chosen and presents the form to the pharmacy. These forms are collected in the pharmacy and returned to Health Education to be used in the evaluation process.

Other forms available at the Self Care Resource Corner include a description of using a home thermometer and a "Tell Us What You Think" form to gather student comments for evaluation.

Students may use the materials when outside the Health Service as well (i.e. in residence halls). Students can call the Nursing Center if they have questions. Many of the remedies suggested are things that students may already have at home and they may be able to avoid a trip to the Health Service entirely.

If we are to have an influence in shaping student attitudes it is important that students be provided with consistent information that is reinforced at every encounter within the Health Service. To address this need, clinicians received in-service training regarding self care philosophy and logistics specific to the Resource Corner.

Evaluation Instruments

Evaluation of the Self Care Resource Corner included three components: (1) self prescription forms collected in the pharmacy, (2) students' written evaluations of the Corner and materials, (3) aggregate utilization data collected monthly before and after the intervention. Utilization data examined included numbers of overall visits, number of repeat visits, and number of inappropriate visits. These visits were broken down into number of students seeing a

clinician for an upper respiratory condition and those visiting the Nursing Center instead. In addition, the number of phone calls to the Nursing Center was logged as well as the number of pamphlets distributed through the Corner.

Results

Students' written evaluations of the resource corner showed that 94% used pamphlets, 59% used decision trees and 18% used posters in deciding how to treat their condition. As a result, 35% decided to treat the condition themselves, 35% decided to see a clinician and 24% wrote their own "prescription" for over the counter medications. Among those students who elected to use the self prescription forms, 68% were self-referred to the pharmacy and 32% were referred by the Nursing Center (n=230).

A review of the utilization data for the year preceding and the year following the introduction of the Self Care Corner indicated that while there was a decrease in utilization of services for Upper Respiratory Infections when Nursing Center visits were not equated with clinician visits, this difference was not statistically significant. However, visits for Upper Respiratory Infections decreased an average of 6% of all inappropriate visits. It appears that there is a trend toward using the Nursing Center or self treatment as an alternative to a clinician visit. In addition, it seems reasonable to assume that without the Self Care Corner those students returning the self prescription forms would have made clinician visits, which would have resulted in a 6% increase in medical clinic visits.

The direct phone line from the Self Care Corner to the Nursing Center received only five calls during the Winter semester. It may be that the educational materials were easily understood, rendering the direct phone line unnecessary. The need for this phone is being re-evaluated. Over the 1982-83 academic year 2,500 decision trees, 2,500 "Common Cold Facts", 2,700 "Self

Prescription Drugs", 1,500 "Using a Home Thermometer" and 2,500 Self Prescription Forms were distributed within the Health Service.

Discussion

Based on the evaluation data, the program is being expanded to include other self-limited conditions. In addition, self care areas may be implemented in residence halls where materials would be available to students before they initiate a visit to the Health Service. It may be that students who are already at the Health Service decide to see a clinician, even if it is unnecessary, as they have already made the effort to seek care. Distributing pamphlets in residence halls may help students determine that a visit is unnecessary before they have invested time and energy coming to the Health Service. Utilization practices by residence halls receiving materials could then be compared with those residence halls that do not.

Other possibilities for the Self Care Resource Corner include computerized decision tree programs, health risk appraisals, a self care library for student use, video and cassette tapes on specific health matters, weekly or bi monthly topic films, and schedules of upcoming health education programs (i.e. contraception education, smoking cessation).

Acknowledgement

The authors wish to extend sincere thanks to Lynne Defebaugh DeBruin for her time and efforts on this project.

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